

## Sagepath Labs Pvt. Ltd.

Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT				
Name	: Mrs. VIJAYALATHA	Sample ID	: A0590208, A0590209	
Age/Gender	: 50 Years/Female	Reg. No	: 0312407260002	
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172	
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Jul-2024 08:50 AM	
Primary Sample	: Whole Blood	Received On	: 26-Jul-2024 03:37 PM	
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP)	Reported On	: 26-Jul-2024 05:22 PM	
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report	

**CLINICAL BIOCHEMISTRY** 

GLUCOSE POST PRANDIAL (PP)						
Fest Name		Results	Units	F	Ref. Range	Method
Glucose Fa	sting (F)	148	mg/dl		70-100	Hexokinase
Interpretation of	Plasma Glucose based on ADA guideline	es 2018				
Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma Glucose	e(mg/dL)	HbA1c(%)	RBS(mg/dL)	
Prediabetes	100-125	140-199		5.7-6.4	NA	
Diabetes	> = 126	> = 200		> = 6.5	>=200(with symptoms)	
	abetes care 2018:41(suppl.1):S13-S2	27 198	mg/dl	-	70-140	Hexokinase (HK)
			•			
Interpretation of	Plasma Glucose based on ADA guidelin	es 2018				
Interpretation of <b>Diagnosis</b>	f Plasma Glucose based on ADA guidelin FastingPlasma Glucose(mg/dL)	es 2018 2hrsPlasma Glucose(r	ng/dL)	HbA1c(%)	RBS(mg/dL)	
	1	1	ng/dL)	HbA1c(%) 5.7-6.4	RBS(mg/dL)	t la

Reference: Diabetes care 2018:41(suppl.1):S13-S27

Postprandial glucose level is a screening test for Diabetes Mellitus

• If glucose level is >140 mg/dL and <200 mg/dL, then GTT (glucose tolerance test) is advised.

• If level after 2 hours = >200 mg/dL diabetes mellitus is confirmed.

• Advise HbA1c for further evaluation.

Result rechecked and verified for abnormal cases

\*\*\* End Of Report \*\*\*

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BIOCHEMISTRY

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## REPORT -

REPORT				
	Name	: Mrs. VIJAYALATHA	Sample ID	: A0590207
	Age/Gender	: 50 Years/Female	Reg. No	: 0312407260002
	Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
	Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Jul-2024 08:50 AM
	Primary Sample	: Whole Blood	Received On	: 26-Jul-2024 01:11 PM
	Sample Tested In	: Serum	Reported On	: 26-Jul-2024 02:24 PM
	Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY						
Test Name	Results	Units	Ref. Range	Method		
Thyroid Profile-I(TFT)						
T3 (Triiodothyronine)	125.61	ng/dL	70-204	CLIA		
T4 (Thyroxine)	8.3	µg/dL	3.2-12.6	CLIA		
TSH -Thyroid Stimulating Hormone	3.12	µIU/mL	0.35-5.5	CLIA		

Pregnancy & Cord Blood						
T3 (Triiodothyronine):	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)				
First Trimester : 81-190 ng/dL	15 to 40 weeks:9.1-14.0 μg/dL	First Trimester : 0.24-2.99 µIU/mL				
Second&Third Trimester :100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL				
		Third Trimester : 0.43-2.78 µIU/mL				
Cord Blood: 30-70 ng/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: : 2.3-13.2 µIU/mL				

Interpretation:

• Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.

• Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.

• Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.

• TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4.

• The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

Correlate Clinically.

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\*\*\* End Of Report \*\*\*



OCHEMISTRY